

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	0
Title::	METHODS FOR EASING PAIN AND ANXIETY FROM ATRIAL OR VENTRICULAR DEFIBRILLATION
Attorney Docket Number::	AGALIN 3.0-003 II
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	3
Total Drawing Sheets::	48
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Royce
Middle Name::	S.
Family Name::	Fishman
City of Residence::	Hernando

State or Province of Residence:: FL
Country of Residence:: US
Street of mailing address:: 906 W. Skyview Crossing Drive
City of mailing address:: Hernando
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: 34442

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: R.
Family Name:: Ujhelyi
City of Residence:: Maple Grove
State or Province of Residence:: MN
Country of Residence:: US
Street of mailing address:: 9317 Tewsbury Gate N.
City of mailing address:: Maple Grove
State or Province of mailing address:: MN
Postal or Zip Code of mailing address:: 55311

Correspondence Information

Correspondence Customer Number:: 000530

Representative Information

Representative Customer Number:: 000530

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/404,830	08/20/02

Assignee Information

Assignee name:: AGA Linde Healthcare
 Street of mailing address:: SE-181 81
 City of mailing address:: Lidingo
 Country of mailing address:: Sweden